10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) / At Home 11. BIRTHPLACE (City and State or Foreign Country) / IUKa, Ill 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR INDUSTRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME (Yes, no. or unknown) CITY COUNTRY COUNTR	institution: residence before administration: St. Louis
BIRTH NO	institution: residence before admission! St. L. L. L. S. admission! In the Days (Year) 12. CITIZEN OF WHAT COUNTRY? USA
1. PLACE OF DEATH a. COUNTY AND STATE AND	institution: residence before admission! St. L. L. L. S. In (Day) (Year) A 57 NOTE 1 TIAN of BOOK & KES. The Days Hours Min. 12. CITIZENOF WHAT COUNTRY? USA
b. CITY (if outside corporate limits, write RUBAL and give township) OR OR TOWN d. FULL NAME OF (if not in hospital or institution, give expect address or location) OF INSTITUTION ADDRESS OR TOWN C. CITY (if outside corporate limits, write RUBAL and give township) OR OR TOWN ADDRESS OR TOWN ADDRESS OR TOWN ADDRESS OR OR TOWN ADDRESS ADDR	h) (Day) (Year) 1 4 5 7 HOUR I THAN of DEGRA HES. The Days Hours Min. 12. CITIZENOF WHAT COUNTRY? USA
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R CAUSE OF DEATH MEDICAL CERTIFICATION Clay to	
Enter only one cause per DISEASE OR CONDITION	. ORSEI ARD DEATH
and cardine Railure	
*This does not mean ANTECEDENT CAUSES As mode of dying, such Morbid conditions, if any, giving DUE TO (b) Carcinoma of the stand	and
heart failure, asthenia, the discrete the above cause (a) stating the underlying cause last.	
ne highery, or complication of the significant conditions of the significant conditions	-
Conditions contributing to the death but not related to the disease or condition causing death.	
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION /5/K	YES NO L
1a. ACCIDENT (Rectify) 21b. PLACE OF INJURY (e.g., is or about SUICIDE home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY HOMICIDE	(STATE)
IId. TIME (Messib) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 4-1, 1957, to Och. 24, 1957, that I	last saw the deceased
alive on 10 - 24, 1957, and that death occurred at 10:30 m., from the causes and on the date st	tated above.
23a. SIGNATURE (Degree or title) 23b. ADDRESS 6000 W. Flaranix	23c. PATE SIGNED
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or	county) (State)
TION REMOVAL (Specific) 10/28/57 Calvary Cemetery St. Louis.	Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
OCT 26 57 Kens Smith - mg Stock Mortuary 2117 E.	
(Licensed Embalmer's Statement on Reverse Side)	Grand.

STATEMENT BY LICENSED EMBALMER			
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by			
	Student Embelmer No		
orking under my personal supervision.	Signed Paul Q. Wachter		
Student Embalmer	Licensed Embalmer No. 7 7		
Note: The shave MIST BE SIGNED BY THE	P. O. Address		

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.